

PART B - FEE(S) TRANSMITTAL

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22850 7590 07/01/2008

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	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,794	01/21/2005	Syoichi Ichihashi	264832US0PCT	1969

TITLE OF INVENTION: METHOD OF CONSTRUCTING ORCHID HAPLOID BY TREATING UNFERTILIZED ORCHID FLOWER WITH AUXIN AND METHOD OF GROWING ORCHID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$1440	\$1440	10/01/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BELL, KENT L	1661	435-430100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Oblon, Spivak,
 2 McClelland, Maier
 3 & Neustadt, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SAPPORO BREWERIES LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee ***NO FEES DUE***
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies - 2 -

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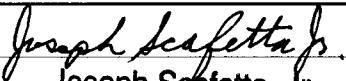
A check is enclosed.
 Payment by credit card. Transmitted via EFS-Web.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Typed or printed name

Joseph Scafetta, Jr.

Date

SEP 17 2008

Registration No.

Reg. No. 26,803

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